PART B - FEE(S) TRANSMITTAL

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Joseph N. Breaux Suite A 10630 N. Oak Hill Baton Rouge, LA	s Pkwy			accomp formal I herel United envelo	panying papers. drawing, must h Certi by certify that 1 States Postal Sc be addressed to	Each additional paper, s ave its own certificate of m fincate of Mailing or Trans his Fee(s) Transmittal is rvice with sufficient posta the Box Issue Fee address TO, on the date indicated b	uch as an assignment of ailing or transmission. mission being deposited with the ge for first class mail in a above, or being fassimil	
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APPLICATION NO.	FILING DATE	FIRS	D INVENTOR	1	ATTORNEY DOCKET NO.	CONFIRMATION NO.		
09/955,778 TITLE OF INVENTION: P	09/18/2001 AINT BRUSH CLEANING		James K	ichardson		01-081943	9732	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE		TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$ 51200 \$	700 \$0			\$1300	06/04/2003	
EXAMI	ART UNIT	CLASS-SUBCLASS		1				
LUONG, SHIAN	3728	206-015300		•				
I. Change of correspondence address or indication of "Fee Address" (37 CFR 1.53). O. Change of correspondence address for Change of Correspondence Address from PTOSB12/3 standard. O. Free Address: The TOSB12/3 standard for "Fee Address" Indication form PTOSB14/7, Res 0.93-0.7 or more recent) attached. Use of a Customer Number is required.				2. For sprining, on the patent floor page, list (1) the names of up to 1 registered parters attorneys or agents GR, alternatively, (2) the name of a single ffrm (lawing as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or regents. If no name is listed, no name will be printed.				

Please check the appropriate assignee category or categories (will not be printed on the patent)

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PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. Inclusion of assignce data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)

4b. Payment of Fee(s):

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